

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Rely on Your Beliefs Fund

ADDRESS (number and street)

209 Pennsylvania Avenue, SE

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20003

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00344648

3. IS THIS  
REPORT☒NEW  
(N)**OR**☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

11

04

2008

in the  
State of

DC

(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the  
State of☐

5. Covering Period

10

01

2008

through

10

15

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Paul Kilgore

Signature of Treasurer

Electronically Filed by Paul Kilgore

Date

10

23

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Rely on Your Beliefs Fund

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	0	1	5	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		218710.98
(b) Cash on Hand at Beginning of Reporting Period .....	125062.50	
(c) Total Receipts (from Line 19) .....	62450.74	614752.71
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	187513.24	833463.69
7. Total Disbursements (from Line 31) .....	55810.01	701760.46
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	131703.23	131703.23
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name  
Rely on Your Beliefs Fund

Report Covering the Period:

From:

M M D D Y Y W Y  
1 0 0 1 2 0 0 8

To:

M M D D Y Y W Y  
1 0 1 5 2 0 0 8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	37800.00	78600.00
(i) Itemized (use Schedule A) .....	600.00	661.52
(ii) Unitemized .....	38400.00	79261.52
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	22500.00	508200.00
(c) Other Political Committees (such as PACs) .....	60900.00	587461.52
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	8913.88
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	1550.74	8377.31
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	10000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	62450.74	614752.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	62450.74	614752.71

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	28310.01	375484.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	28310.01	375484.82
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27500.00	321275.64
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	5000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	55810.01	701760.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	55810.01	701760.46

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	60900.00	587461.52
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	60900.00	587461.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	28310.01	375484.82
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	1550.74	8377.31
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	26759.27	367107.51

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 28

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)

Abbott Laboratories PAC

Mailing Address 1399 New York Ave NW  
Suite 200

City	State	Zip Code
Washington	DC	20005-4732

FEC ID number of contributing  
federal political committee.**C** C00040279

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	7	/	2	0	0	8

Transaction ID: 81007.C873

Amount of Each Receipt this Period

2500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Express Scripts Inc. PAC

Mailing Address 1 Express Way

City	State	Zip Code
Saint Louis	MO	63121-1824

FEC ID number of contributing  
federal political committee.**C** C00365072

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	3	/	2	0	0	8

Transaction ID: 81017.C895

Amount of Each Receipt this Period

5000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Hotel PAC

Mailing Address 1201 New York Ave NW Ste 600  
Suite 600

City	State	Zip Code
Washington	DC	20005-3917

FEC ID number of contributing  
federal political committee.**C** C00001198

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	7	/	2	0	0	8

Transaction ID: 81007.C874

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

12500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 28

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)

International Ass. of Fire Fighters PAC

Mailing Address 1750 New York Ave NW

City

Washington

State

DC

Zip Code

20006-5301

FEC ID number of contributing  
federal political committee.

**C** C00029447

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 0 8

Transaction ID: 81007.C879

Amount of Each Receipt this Period

5000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

National Association of Broadcasters PAC

Mailing Address 1772 N St NW

City

Washington

State

DC

Zip Code

20036-2800

FEC ID number of contributing  
federal political committee.

**C** C00009985

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 0 8

Transaction ID: 81007.C876

Amount of Each Receipt this Period

2500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Office of the Commissioner of Major

Mailing Address League Baseball PAC  
1050 Connecticut Avenue, NW., Ste.

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

**C** C00368142

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 0 8

Transaction ID: 81007.C877

Amount of Each Receipt this Period

2500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

22500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)

Camilla Brauer

Mailing Address 11250 Hunter Dr

City

Bridgeton

State

MO

Zip Code

63044-2306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 8

Transaction ID: 81017.C893

Amount of Each Receipt this Period

1500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Stephen Brauer

Mailing Address 11250 Hunter Dr

City

Bridgeton

State

MO

Zip Code

63044-2306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hunter Engineering Company

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 8

Transaction ID: 81017.C892

Amount of Each Receipt this Period

1500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

William Bush

Mailing Address 37 Picardy Ln

City

Saint Louis

State

MO

Zip Code

63124-1628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Investment Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 8

Transaction ID: 81017.C885

Amount of Each Receipt this Period

500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)

Louis Camilleri

Mailing Address 120 Park Ave Fl 6

City

New York

State

NY

Zip Code

10017-5577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Philip Morris InternationalOccupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	8

Transaction ID: 81017.C881

Amount of Each Receipt this Period

2300.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

John Danforth

Mailing Address 911 Tirrill Farms Rd

City

Saint Louis

State

MO

Zip Code

63124-1631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	8

Transaction ID: 81017.C891

Amount of Each Receipt this Period

2000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Sam Fox

Mailing Address 7701 Forsyth Blvd Ste 600

City

Saint Louis

State

MO

Zip Code

63105-1875

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United StatesOccupation  
Ambassador

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	8

Transaction ID: 81017.C886

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

9300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)

Robert Hermann

Mailing Address 777 Cella Rd

City

Saint Louis

State

MO

Zip Code

63124-1611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 8

Transaction ID: 81017.C901

Amount of Each Receipt this Period

2000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Ronald Jackson

Mailing Address 618 N New Ballas Rd Apt 307

City

Saint Louis

State

MO

Zip Code

63141-6767

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMS Automotive

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 8

Transaction ID: 81017.C900

Amount of Each Receipt this Period

1500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Joan Langenberg

Mailing Address 41 Glen Eagles Dr

City

Saint Louis

State

MO

Zip Code

63124-1653

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 8

Transaction ID: 81017.C894

Amount of Each Receipt this Period

1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)

Roy Pfautch

Mailing Address 52 Portland Pl

City

Saint Louis

State

MO

Zip Code

63108-1242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Civic Services, Inc.

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 8

Transaction ID: 81017.C882

Amount of Each Receipt this Period

5000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Robert Reiter

Mailing Address 100 Meadowlark

City

New Florence

State

MO

Zip Code

63363-2225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 8

Transaction ID: 81017.C890

Amount of Each Receipt this Period

5000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Paul Sawchak

Mailing Address 5101 Hayston Ct

City

Saint Peters

State

MO

Zip Code

63304-7576

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 8

Transaction ID: 81017.C888

Amount of Each Receipt this Period

1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

11000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)

Hugh Scott

Mailing Address 150 Carondelet Plz Apt 1403

City

Saint Louis

State

MO

Zip Code

63105-3453

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stifel Nicolaus

Occupation

Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 8

Transaction ID: 81017.C897

Amount of Each Receipt this Period

2000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Menlo Smith

Mailing Address 550 Maryville Centre Dr Ste 50

City

Saint Louis

State

MO

Zip Code

63141-5818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sunmark Capital Corp.

Occupation

Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 8

Transaction ID: 81017.C898

Amount of Each Receipt this Period

1000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Edith Spink

Mailing Address 9 Log Cabin Dr

City

Saint Louis

State

MO

Zip Code

63124-1574

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 8

Transaction ID: 81017.C883

Amount of Each Receipt this Period

1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)

G. H. Walker

Mailing Address 17 Portland Pl

City

Saint Louis

State

MO

Zip Code

63108-1203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 8

Transaction ID: 81017.C884

Amount of Each Receipt this Period

500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Timothy Wuliger

Mailing Address 20 Basswood Ln

City

Chagrin Falls

State

OH

Zip Code

44022-1377

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mallard Investments

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 8

Transaction ID: 81017.C887

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

37800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 28

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)

The Homestead

Mailing Address 1766 Homestead Drive

City

Hot Springs

State

VA

Zip Code

24445-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1287.36

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 8

Transaction ID: 81017.C889

Amount of Each Receipt this Period

1287.36

Offsets to Operating Expe-  
nditu

**B.**

Full Name (Last, First, Middle Initial)

Friends of Mike Sodrel

Mailing Address PO Box 1505

City

Jeffersonville

State

IN

Zip Code

47131-1505

FEC ID number of contributing  
federal political committee.

C

C00387399

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.38

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 0 8

Transaction ID: 81007.C878

Amount of Each Receipt this Period

263.38

Offsets to Operating Expe-  
nditu

**SUBTOTAL** of Receipts This Page (optional) .....

1550.74

**TOTAL** This Period (last page this line number only) .....

1550.74

# **SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 28

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)  
Comcast

Mailing Address PO Box 3005

City State Zip Code  
Southeastern PA 19398-3005

Purpose of Disbursement  
PAC Internet Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81017.E1583

Date of Disbursement

10 / 13 / 2008

Amount of Each Disbursement this Period

45.95

PAC INTERNET EXPENSE

**B.**

Full Name (Last, First, Middle Initial)  
UPS

Mailing Address PO Box 72470244

City State Zip Code  
Philadelphia PA 19170-0001

Purpose of Disbursement  
PAC Shipping Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81007.E1573

Date of Disbursement

10 / 02 / 2008

Amount of Each Disbursement this Period

43.56

PAC SHIPPING EXPENSE

**C.**

Full Name (Last, First, Middle Initial)  
UPS

Mailing Address PO Box 72470244

City State Zip Code  
Philadelphia PA 19170-0001

Purpose of Disbursement  
PAC Shipping Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81017.E1585

Date of Disbursement

10 / 13 / 2008

Amount of Each Disbursement this Period

26.63

PAC SHIPPING EXPENSE

**SUBTOTAL** of Disbursements This Page (optional) .....

116.14

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 28

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)  
Visa

Mailing Address PO Box 77042

City Madison State WI Zip Code 53707-1042

Purpose of Disbursement  
See Below-No Itemization Necessary  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81017.E1586  
Date of Disbursement

10 / 13 / 2008

Amount of Each Disbursement this Period

221.50

SEE BELOW-NO ITEMIZATION  
NECESSARY

**B.**

Full Name (Last, First, Middle Initial)  
Visa

Mailing Address PO Box 77042

City Madison State WI Zip Code 53707-1042

Purpose of Disbursement  
Credit Card Charges - See Below  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81017.E1588  
Date of Disbursement

10 / 13 / 2008

Amount of Each Disbursement this Period

3956.55

CREDIT CARD CHARGES - SEE  
BELOW

**C.**

Full Name (Last, First, Middle Initial)  
US Airways

Mailing Address 4000 E Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034-3802

Purpose of Disbursement  
PAC Airfare Expense  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81017.E1595  
Date of Disbursement

10 / 13 / 2008

Amount of Each Disbursement this Period

744.00

**[MEMO ITEM]**  
MEMO: PAC AIRFARE EXPENSE

**SUBTOTAL** of Disbursements This Page (optional) .....

4178.05

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 28

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)  
United Airlines

Mailing Address 1200 E Algonquin Rd

City State Zip Code  
Arlington Heights IL 60005-4712

Purpose of Disbursement  
PAC Airfare Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 81017.E1593

Date of Disbursement

/   /

Amount of Each Disbursement this Period

488.67

**[MEMO ITEM]**

MEMO: PAC AIRFARE EXPENSE

**B.**

Full Name (Last, First, Middle Initial)  
Southwest Airlines

Mailing Address PO Box 36611

City State Zip Code  
Dallas TX 75235-1611

Purpose of Disbursement  
PAC Airfare Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 81017.E1596

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1253.00

**[MEMO ITEM]**

MEMO: PAC AIRFARE EXPENSE

**C.**

Full Name (Last, First, Middle Initial)  
Epiphany Productions

Mailing Address 104 Hume Ave

City State Zip Code  
Alexandria VA 22301-1015

Purpose of Disbursement  
PAC Event Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 81017.E1590

Date of Disbursement

/   /

Amount of Each Disbursement this Period

736.44

**[MEMO ITEM]**

MEMO: PAC EVENT EXPENSE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 28

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Frontier Air Mailing Address 7001 Tower Rd	<b>Transaction ID:</b> 81017.E1592 <b>Date of Disbursement</b> <div> <div>10</div> <div>13</div> <div>2008</div> </div>
City State Zip Code Denver CO 80249-7312 Purpose of Disbursement PAC Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>142.19</div> <b>[MEMO ITEM]</b> MEMO: PAC AIRFARE
<b>B.</b> Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 19769 City State Zip Code Irvine CA 92623-9769 Purpose of Disbursement PAC Telephone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 81017.E1594 <b>Date of Disbursement</b> <div>10</div> <div>13</div> <div>2008</div> Amount of Each Disbursement this Period <div>242.97</div> <b>[MEMO ITEM]</b> MEMO: PAC TELEPHONE EXPEN- SE
<b>C.</b> Full Name (Last, First, Middle Initial) Visa Mailing Address PO Box 77042 City State Zip Code Madison WI 53707-1042 Purpose of Disbursement Credit Card Charges - See Below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 81017.E1597 <b>Date of Disbursement</b> <div>10</div> <div>13</div> <div>2008</div> Amount of Each Disbursement this Period <div>2854.39</div> CREDIT CARD CHARGES - SEE BELOW

**SUBTOTAL** of Disbursements This Page (optional) .....

**2854.39**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 28

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

<b>A.</b> Full Name (Last, First, Middle Initial) The Brown Hotel Mailing Address 335 W Broadway	<b>Transaction ID:</b> 81017.E1601 <b>Date of Disbursement</b> <div> <div>10</div> <div>13</div> <div>2008</div> </div>
City Louisville State KY Zip Code 40202-2105 Purpose of Disbursement PAC Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>321.16</div> <b>[MEMO ITEM]</b> MEMO: PAC TRAVEL EXPENSE
<b>B.</b> Full Name (Last, First, Middle Initial) Hilton Hotels Jackson Mailing Address 1001 E County Line Rd City Jackson State MS Zip Code 39211-1817 Purpose of Disbursement PAC Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 81017.E1598 <b>Date of Disbursement</b> <div> <div>10</div> <div>13</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>232.74</div> <b>[MEMO ITEM]</b> MEMO: PAC TRAVEL EXPENSE
<b>C.</b> Full Name (Last, First, Middle Initial) Sheraton Hotels Mailing Address 777 McGavock Pike City Nashville State TN Zip Code 37214-3140 Purpose of Disbursement PAC Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 81017.E1599 <b>Date of Disbursement</b> <div> <div>10</div> <div>13</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>416.60</div> <b>[MEMO ITEM]</b> MEMO: PAC TRAVEL EXPENSE

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 28

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)  
GMD Technologies

Mailing Address 3210 S 28th St  
Apt 302

City Alexandria State VA Zip Code 22302-1326

Purpose of Disbursement  
PAC Technology Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81017.E1584

Date of Disbursement

10 / 13 / 2008

Amount of Each Disbursement this Period

514.88

PAC TECHNOLOGY SERVICES

**B.**

Full Name (Last, First, Middle Initial)  
McKenna Long & Aldridge

Mailing Address 303 Peachtree St NE  
Suite 5300

City Atlanta State GA Zip Code 30308-3265

Purpose of Disbursement  
PAC Legal Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81007.E1571

Date of Disbursement

10 / 02 / 2008

Amount of Each Disbursement this Period

2481.65

PAC LEGAL SERVICES

**C.**

Full Name (Last, First, Middle Initial)  
Thompson Communications

Mailing Address P.O. Box 5

City Marshfield State MO Zip Code 65706-0005

Purpose of Disbursement  
PAC Staffing Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81007.E1574

Date of Disbursement

10 / 02 / 2008

Amount of Each Disbursement this Period

13542.53

PAC STAFFING SERVICES

**SUBTOTAL** of Disbursements This Page (optional) .....

16539.06

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 28

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

<b>A.</b> Full Name (Last, First, Middle Initial) W Millar and Co Catering	<b>Transaction ID:</b> 81007.E1575 <b>Date of Disbursement</b>																				
Mailing Address 1335 14th St NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	2		2	0	0	8												
City Washington State DC Zip Code 20005-3610	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC Catering Expense	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>324.76</td> </tr> </table>																				324.76
									324.76												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
PAC CATERING EXPENSE																					
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Roy Blunt	<b>Transaction ID:</b> 81007.E1572 <b>Date of Disbursement</b>																				
Mailing Address PO Box 50100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	2		2	0	0	8												
City Springfield State MO Zip Code 65805-0100	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Reimbursement for PAC Travel	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>2610.00</td> </tr> </table>																				2610.00
									2610.00												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
REIMBURSEMENT FOR PAC TRA- VEL																					
<b>C.</b> Full Name (Last, First, Middle Initial) Dan Williams	<b>Transaction ID:</b> 81017.E1581 <b>Date of Disbursement</b>																				
Mailing Address 209 Pennsylvania Ave SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	9		2	0	0	8												
City Washington State DC Zip Code 20003-1107	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC Office Rent	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1575.29</td> </tr> </table>																				1575.29
									1575.29												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
PAC OFFICE RENT																					

**SUBTOTAL** of Disbursements This Page (optional) .....

**4510.05**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 28

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

A.

Full Name (Last, First, Middle Initial)

Dan Williams

Mailing Address 209 Pennsylvania Ave SE

City  
Washington

State  
DC

Zip Code  
20003-1107

Purpose of Disbursement  
PAC Telephones

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 81017.E1582

Date of Disbursement

/   /

Amount of Each Disbursement this Period

112.32

PAC TELEPHONES

SUBTOTAL of Disbursements This Page (optional) .....

112.32

TOTAL This Period (last page this line number only) .....

28310.01

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)  
 US Airways

Mailing Address 4000 E Sky Harbor Blvd

City State Zip Code  
 Phoenix AZ 85034-3802

Purpose of Disbursement  
 AIRFARE EXPENSE

Candidate Name  
 CHRISTOPHER J LEE

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 26

Transaction ID: 81023.E1626

Date of Disbursement

10 / 14 / 2008

Amount of Each Disbursement this Period

855.40

**[MEMO ITEM]**

MEMO: AIRFARE EXPENSE

**B.**

Full Name (Last, First, Middle Initial)  
 Great Southern Travel

Mailing Address 3424 S National Ave

City State Zip Code  
 Springfield MO 65807-7307

Purpose of Disbursement  
 TRAVEL EXPENSE-SEE VISA 10-13-08

Candidate Name  
 MIKE COFFMAN

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 06

Transaction ID: 81017.E1615

Date of Disbursement

10 / 13 / 2008

Amount of Each Disbursement this Period

25.00

**[MEMO ITEM]**

MEMO: TRAVEL EXPENSE-SEE  
 VISA 10-13-08

**C.**

Full Name (Last, First, Middle Initial)  
 United Airlines

Mailing Address 1200 E Algonquin Rd

City State Zip Code  
 Arlington Heights IL 60005-4712

Purpose of Disbursement  
 TRAVEL EXPENSE-SEE VISA 10-13-08

Candidate Name  
 WILLIAM T. SALI

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: ID District: 01

Transaction ID: 81017.E1613

Date of Disbursement

10 / 13 / 2008

Amount of Each Disbursement this Period

292.33

**[MEMO ITEM]**

MEMO: TRAVEL EXPENSE-SEE  
 VISA 10-13-08

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)  
 Marriott

Mailing Address 1 Marriott Dr

City Washington State DC Zip Code 20058-0001

Purpose of Disbursement  
 LODGING EXPENSE

Candidate Name  
 GLENN THOMPSON

Office Sought: ☒ House  
☐ Senate  
☐ President

State: PA District: 05

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Category/  
 Type

Transaction ID: 81023.E1628

Date of Disbursement

10 / 14 / 2008

Amount of Each Disbursement this Period

238.83

**[MEMO ITEM]**

MEMO: LODGING EXPENSE

**B.**

Full Name (Last, First, Middle Initial)  
 Judy Biggert for Congress

Mailing Address PO Box 637

City Hinsdale State IL Zip Code 60522-0637

Purpose of Disbursement  
 CONTRIBUTION

Candidate Name  
 JUDY BIGGERT

Office Sought: ☒ House  
☐ Senate  
☐ President

State: IL District: 13

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Category/  
 Type

Transaction ID: 81017.E1605

Date of Disbursement

10 / 13 / 2008

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
 Bilirakis for Congress

Mailing Address 610 S Boulevard

City Tampa State FL Zip Code 33606-2693

Purpose of Disbursement  
 CONTRIBUTION

Candidate Name  
 GUS MICHAEL BILIRAKIS

Office Sought: ☒ House  
☐ Senate  
☐ President

State: FL District: 09

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Category/  
 Type

Transaction ID: 81017.E1606

Date of Disbursement

10 / 13 / 2008

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 28

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)  
 The Brown Hotel

Mailing Address 335 W Broadway

City State Zip Code  
 Louisville KY 40202-2105

Purpose of Disbursement  
 TRAVEL EXPENSE-SEE VISA 10-13-08

Candidate Name  
 STEVEN BRETT GUTHRIE

Office Sought: ☒ House  
☐ Senate  
☐ President

State: KY District: 02

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81017.E1620

Date of Disbursement

/   /

Amount of Each Disbursement this Period

208.30

**[MEMO ITEM]**

MEMO: TRAVEL EXPENSE-SEE  
 VISA 10-13-08

**B.**

Full Name (Last, First, Middle Initial)  
 Cassidy for Congress

Mailing Address 3482 Drusilla Ln Ste 1

City State Zip Code  
 Baton Rouge LA 70809-1873

Purpose of Disbursement  
 CONTRIBUTION

Candidate Name  
 WILLIAM CASSIDY

Office Sought: ☒ House  
☐ Senate  
☐ President

State: LA District: 06

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** 81017.E1607

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
 Clarion Hotel

Mailing Address 120 E Main St

City State Zip Code  
 Rochester NY 14604-1604

Purpose of Disbursement  
 LODGING EXPENSE

Candidate Name  
 CHRISTOPHER J LEE

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 26

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** 81023.E1627

Date of Disbursement

/   /

Amount of Each Disbursement this Period

149.00

**[MEMO ITEM]**

MEMO: LODGING EXPENSE

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Doubletree Hotel	<b>Transaction ID:</b> 81017.E1619 <b>Date of Disbursement</b>																				
Mailing Address 201 Marquette Ave NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	3		2	0	0	8												
City Albuquerque State NM Zip Code 87102-2248	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL EXPENSE-SEE VISA 10-13-08	<table border="1"> <tr> <td>84.56</td> </tr> </table>	84.56																			
84.56																					
Candidate Name EDWARD R TINSLEY	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE-SEE VISA 10-13-08																					
<b>B.</b> Full Name (Last, First, Middle Initial) Frontier Air	<b>Transaction ID:</b> 81017.E1614 <b>Date of Disbursement</b>																				
Mailing Address 7001 Tower Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	3		2	0	0	8												
City Denver State CO Zip Code 80249-7312	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL EXPENSE-SEE VISA 10-13-08	<table border="1"> <tr> <td>142.19</td> </tr> </table>	142.19																			
142.19																					
Candidate Name MIKE COFFMAN	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE-SEE VISA 10-13-08																					
<b>C.</b> Full Name (Last, First, Middle Initial) Goddard for Congress	<b>Transaction ID:</b> 81017.E1604 <b>Date of Disbursement</b>																				
Mailing Address PO Box 9460	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	3		2	0	0	8												
City Warner Robins State GA Zip Code 31095-9460	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CONTRIBUTION	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name RICHARD NEIL GODDARD	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
CONTRIBUTION																					

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 Rely on Your Beliefs Fund

A.

Full Name (Last, First, Middle Initial)  
 Hilton Garden Inn

Mailing Address 7699 W Spectrum St

City State Zip Code  
 Boise ID 83709-8317

Purpose of Disbursement  
 TRAVEL EXPENSE-SEE VISA 10-13

Candidate Name  
 WILLIAM T. SALI

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ID District: 01

Transaction ID: 81017.E1603

Date of Disbursement

10 / 13 / 2008

Amount of Each Disbursement this Period

246.34

[MEMO ITEM]

MEMO: TRAVEL EXPENSE-SEE  
 VISA 10-13

B.

Full Name (Last, First, Middle Initial)  
 John Shadeggs Friends

Mailing Address 1130 E Missouri Ave Ste 111

City State Zip Code  
 Phoenix AZ 85014-2712

Purpose of Disbursement  
 CONTRIBUTION

Candidate Name  
 JOHN B. SHADEGG

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AZ District: 03

Transaction ID: 81020.E1625

Date of Disbursement

10 / 08 / 2008

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
 Parker for Congress

Mailing Address PO Box 16135

City State Zip Code  
 Huntsville AL 35802-1663

Purpose of Disbursement  
 CONTRIBUTION

Candidate Name  
 WAYNE PARKER, JR.

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AL District: 05

Transaction ID: 81017.E1608

Date of Disbursement

10 / 13 / 2008

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) .....

10000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 / 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund**A.**Full Name (Last, First, Middle Initial)  
Sheraton San Diego Marina

Mailing Address 1380 Harbor Island Dr

City State Zip Code  
San Diego CA 92101-1007Purpose of Disbursement  
TRAVEL EXPENSE-SEE VISA 10-13-08Candidate Name  
DUNCAN D HUNTEROffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 52

Transaction ID: 81017.E1602

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	8

Amount of Each Disbursement this Period

530.02

**[MEMO ITEM]**MEMO: TRAVEL EXPENSE-SEE  
VISA 10-13-08**B.**Full Name (Last, First, Middle Initial)  
Sun Country Airlines

Mailing Address 1300 Mendota Heights Rd

City State Zip Code  
Saint Paul MN 55120-1128Purpose of Disbursement  
TRAVEL EXPENSE-SEE VISA 10-13-08Candidate Name  
DUNCAN D HUNTEROffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 52

Transaction ID: 81017.E1618

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	8

Amount of Each Disbursement this Period

265.77

**[MEMO ITEM]**MEMO: TRAVEL EXPENSE-SEE  
VISA 10-13-08

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

27500.00